

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005546

STATE FILE NUMBER

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 130

FILED MAR 5 1962

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		c. CITY OR TOWN <u>Columbia</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Boone County Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>17 Rudeltown</u>	
3. NAME OF DECEASED (Type or print) First <u>Mrs. Anna</u> Middle <u>Dollie</u> Last <u>Tucker</u>		4. DATE OF DEATH Month <u>Feb</u> Day <u>26th</u> Year <u>1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 5, 1916</u>
9. AGE (last birthday) <u>45</u>		10. IF UNDER 1 YEAR IF UNDER 24 HR Months <u>4</u> Days <u>21</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (City and state or country) <u>Miami, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Roscoe Buckner</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Pearson</u>	
14. NAME OF HUSBAND OR WIFE <u>Lewis M. Tucker</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No.</u>	
16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT <u>Mr. Lewis M. Tucker, Columbia, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypostatic Pneumonia</u> DUE TO (b) <u>Cerebral Vascular Accident Left Hemiparesis - 2 months</u> DUE TO (c) <u>Carcinoma Throat + Malnutrition</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u></u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>1 year</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>1-Jan-62</u> to <u>26-Feb-62</u> and last saw her alive on <u>26-Feb-62</u> Death occurred at <u>11:45 A:</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>John F. Legue M.D.</u> (Degree or title)		22b. ADDRESS <u>1504 E. Broadway Columbia</u>	
22c. DATE SIGNED <u>2-27-62</u>		22d. LOCATION (City, town, or county) (State) <u>Columbia Boone Missouri</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3-1-62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Celvary</u>		23d. LOCATION (City, town, or county) (State) <u>Columbia Boone Missouri</u>	
24. FUNERAL DIRECTOR <u>George H. Green, Tuttn. Mo.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>Feb 28, 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>			

(Licensed Embalmer's Statement on Reverse Side)

MAR 8 1962

MAR 9 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by [Signature], Student Embalmer No. \_\_\_\_\_

working under my personal supervision. \_\_\_\_\_

Student [Signature]  
Signature of Student Embalmer

Signed [Signature]

Licensed Embalmer No. 4220

P. O. Address Fulton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.